



19 Bates Street, Stratford, CT 06615
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 www.townofstratford.com



SOUTH END
 COMMUNITY
 CENTER

Scholarship Application

***** EXTENDED DAY HOURS ARE NOT INCLUDED IN SCHOLARSHIP AWARDS*****

Name of Applicant _____

Address _____

Town _____ Zip Code _____ Phone _____

Age _____ Birthdate _____ School _____ Grade _____

Name of Parent/Guardian _____

Principal Source of Income (Please list all sources of income, including alimony & child support.)

Place of Employment _____

Annual Household Income _____

Are you receiving any State assistance? (Circle one) NO YES

Are you receiving Care for Kids? (Circle one) NO YES If Yes, ID # _____

Extenuating Circumstances _____

Total # in Household: Adults _____ Seniors _____ Children under 18 _____

Name of Program Requested _____ Which Week (s) _____

Name of Program Requested _____ Which Week (s) _____

Briefly describe why applicant should be considered for a scholarship.

***Any special medical or handicap issues should be noted here. _____

Date: _____ Parent/Guardian Signature _____

PROOF OF INCOME MUST BE ATTACHED TO BE CONSIDERED
(Income Tax Filing for the previous year and (2) consecutive paystubs from employment)

FOR OFFICE USE ONLY ~ PLEASE DO NOT WRITE BELOW THIS LINE

Date of Review _____ Comments _____

Application Approved: YES _____ NO _____ Amt. Approved _____

OTHER _____